



LIBRARY ADULT SERVICES INTERN



The West Allis Public Library is looking for a library and information science student who wishes to supplement his/her studies with some real library-world experience. We have an Adult Services Intern position for a student who can commit to 12-15 hours per week.

MINIMUM QUALIFICATIONS: Current enrollment or acceptance in an American Library Association (ALA) accredited graduate School of Library and Information Science. Priority will be given to those who have completed the course *Introduction to Reference Services and Resources*.

2015 HOURLY RATE RANGE for a GRADUATE INTERN: \$12.00-17.00 (West Allis Resident)
\$11.76-16.66 (non-West Allis Resident)

HOURS: 12-15 hours per week; includes evening and weekend (Saturday/Sunday) hours

JOB SUMMARY:

Under direct supervision of the Head of Adult Reference, performs a variety of library science duties to gain exposure to and experience in a broad range of public library work, particular to that of Adult Services.

EXAMPLE of DUTIES: Assist patrons with questions and issues related to the use of West Allis Public Library resources; assist Librarians with developing and teaching computer classes; perform regularly scheduled "walk-throughs" of the public computing spaces and verify the working order of the computers and printers, replenishing supplies as needed; under direct supervision of a librarian, assist patrons in selection and location of print and non-print materials, collection maintenance, in-person and phone reference; assist in the marketing of library resources and programs (i.e. creation of flyers and displays); perform other duties as assigned based on departmental needs.

DESIRABLE KNOWLEDGE, SKILLS, and ABILITIES: Familiarity with library and information studies, including the understanding of the reference interview, library programming, principles of collection development, and instruction methods; knowledge of principles of providing excellent customer service and a desire to serve a diverse public; excellent ability to communicate verbally and in writing with patrons and colleagues; ability to work independently and as part of a team; effective organizational and multi-tasking skills; proven ability to use online library catalogs, Microsoft Office, databases, the internet, and related applications.

HOW TO APPLY: In addition to completion of the City of West Allis' application form, candidates are encouraged to submit a cover letter and resume. Applications should be emailed to Michael Koszalka, Library Director at mkoszalka@westalliswi.gov. Application forms are available online at www.westalliswi.gov, or at the Human Resources Department, Room 133, City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, 53214. Application submittal deadline: FRIDAY, OCTOBER 23, 2015.

METHOD OF SELECTION: The first step in the selection process will be a review and evaluation of application materials to identify those candidates who appear to be qualified in terms of academic preparation, training, experience, and achievements as these relate to the duties and requirements of the position. To facilitate an accurate evaluation, applicants are encouraged to include, in or with their application materials, clear and specific details about their qualifications. A representative number of better-qualified applicants will then be further evaluated and rated in an interview.

Visit the City of West Allis' website at www.westalliswi.gov for further information on the West Allis Public Library.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.



APPLICATION FORM

ATTENTION APPLICANTS - PLEASE READ

Following are important points to know about the City of West Allis application process:

1. **Applications must be completed in full.** Applications not completed in full may be subject to disqualification.
2. A completed application form is required. You may supplement the application form with a resume; however, providing a resume does not exclude you from completing the application form in full.
3. It is to your advantage to be clear and thorough when completing the application, as it is the only means the City has of reviewing your qualifications for employment. We cannot assume more than what you tell us.
4. If you faxed or emailed your application, you still need to mail in or drop off the original in order to be considered for employment.
5. After all the applications are reviewed, the most qualified candidates will be invited to participate in other phases of the hiring process. All applicants are evaluated on job-related factors only.
6. If you will be unavailable (e.g., out of town) within the next 90 days, please indicate the dates you will not be available on the front section of the application form. Dates of unavailability will be reviewed to determine if any accommodations are feasible.
7. It is the policy of the City of West Allis to provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you are a qualified individual with a disability and need a reasonable accommodation in the testing or interview phase of our hiring process, please contact the Human Resources Department at (414) 302-8270 or e-mail jbarwick@westalliswi.gov at least 72 hours (i.e., three (3) work days) in advance. Each request for accommodation will be reviewed on a case-by-case basis and accommodated unless it is determined to be unreasonable.
8. If you are having problems completing the application form or have any questions or concerns, contact the Human Resources Department.

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(APPLICANT MAY RETAIN THIS PAGE)



Human Resources Department
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

Exam No. _____

Telephone: 414-302-8270
Fax: 414-302-8275
www.westalliswi.gov

City of West Allis
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IMPORTANT: READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. EXCEPT WHERE NOTED, ALL REQUESTED INFORMATION MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE TYPE OR PRINT.

Dates of unavailability (If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available):

Position applied for _____

Name _____
(LAST) (FIRST) (MIDDLE)

Social Security Number _____

Other names under which you have been legally known _____

Address _____
(STREET) (CITY) (STATE) (ZIP)

Phone Number: Home _____ Cell _____

E-Mail Address _____

Are you at least 18 years old? ☐ Yes ☐ No

Do you have the legal right to live and work in the United States? ☐ Yes ☐ No

Do you wish to have the information contained in your application materials remain confidential as permitted by law? ☐ Yes ☐ No

If the job requires use of a motor vehicle, do you have a valid Wisconsin Driver's License? ☐ Yes ☐ No

If the job requires use of a Commercial Driver's License (CDL), do you have a valid CDL? ☐ Yes ☐ No

List CDL classification(s) and/or endorsement(s) _____

MILITARY SERVICE:

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? ☐ Yes ☐ No

Dates of Duty: From _____ To _____
MM / DD / YYYY MM / DD / YYYY

To receive credit for veteran's preference points, you will be required to provide a copy of your DD Form 214 upon request.

EDUCATION AND TRAINING:

<p>Do you have a High School Diploma?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have a GED?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If <u>no</u> High School Diploma or GED, indicate the highest grade or year completed (6, 7, 8, 9, 10, 11, 12):</p>
<p>Name of High School:</p> <hr/>	<p>From Where:</p> <hr/>	<p>From Where:</p> <hr/>
<p>City/State:</p> <hr/>	<p>City/State:</p> <hr/>	<p>City/State:</p> <hr/>

Training Beyond High School (Technical College, College, University, or other schools you have attended)

Name and Location	Graduated	Degree Conferred	Major
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other education, training, license(s) and/or certificate(s) – be specific and include dates:

WORK HISTORY:

GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE AND/OR VOLUNTEER WORK YOU HAVE HAD IN THE PAST 10 YEARS. Start with your current or most recent job. Indicate any change in job title under the same employer as a separate position. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Although resumes are welcome, they may not be substituted for the information requested below.

PARENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR
YOUR DUTIES 		FROM (MO. & YR.) TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING ENDING
		\$ _____ PER _____ \$ _____ PER _____

PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)	
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____	
PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)	
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____	
PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)	
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____	
PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)	
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____	
PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
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YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)	
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PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)	
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____	

Use a separate sheet to continue with any additional qualifying employment data, using same format as above.

If you were discharged for cause from any employment, state the details:

.....

.....

List any equipment, machines, tools, or computer software you are skilled in using:

.....

.....

.....

VIOLATIONS OF LAW: A Police background check may be conducted prior to a job offer.

Are you currently subject to a pending charge? ☐ Yes ☐ No

If yes, what is the pending charge?

.....

Have you ever been convicted of operating a vehicle while intoxicated (OWI)? ☐ Yes ☐ No

Have you ever been convicted of any violations of law excluding minor traffic violations? ☐ Yes ☐ No

If you answered yes to either of the questions above, list and specify what you have been convicted of, date and location of conviction, and the penalty imposed:

.....

.....

.....

(The City, as a matter of explicit policy, does not use pending charges or convictions as the sole criteria in its employment decisions; they will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is at issue.)

Have you applied with the City of West Allis before? ☐ Yes ☐ No If yes, for what position(s) and when?

.....

CERTIFICATION AND AGREEMENT

I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein subject me to disqualification or dismissal.

I authorize the City of West Allis to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools or persons from all liability in responding to such inquiries made in connection with my application.

I further understand that in the event of employment by the City of West Allis, the City is an at-will employer and I may be terminated at any time for any reason.

(DATE) (SIGNATURE OF APPLICANT)

(FOR HR OFFICE USE ONLY)

Comments: _____



ADDITIONAL INFORMATION

This form **MUST** be returned with your application materials.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

To help us comply with Federal/State Equal Employment Opportunity record keeping and other legal requirements, please answer questions below.

Position applied for _____ Social Security Number _____

Name _____
(LAST) (FIRST) (MIDDLE)

Completion of this part of the form is voluntary. The information you provide will not be used in the decision to hire. If you choose not to complete this section, proceed to the bottom of the form for your signature and date.

Sex: ☐ Male ☐ Female Birthdate ____/____/____
MM / DD / YYYY Age _____

Veteran Status: ☐ Veteran ☐ Non-Veteran ☐ Disabled Veteran, Disability Rating _____%

Ethnic Group:

- ☐ **Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- ☐ **White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Do you consider yourself to be disabled? ☐ Yes ☐ No

[A disabled individual is: any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment or is regarded as having such impairment. Major life activities which might be substantially limited by such impairment include: walking, talking, or otherwise communicating, self-care, socialization, work training, employment, transportation or adaptation to housing (these are examples only).]

If yes, what is the disabling condition? _____

What limitations does this condition impose on major life activities? _____

How did you hear about this job? (Please specify where applicable.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Milwaukee Journal/Sentinel | <input type="checkbox"/> Job Service | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Spanish Journal | <input type="checkbox"/> City Cable Channel | <input type="checkbox"/> Community/Minority Organization _____ |
| <input type="checkbox"/> City Website | <input type="checkbox"/> Bulletin Board/Walk-In | <input type="checkbox"/> Other Advertisement _____ |
| <input type="checkbox"/> Interest Card/E-Notify Me | <input type="checkbox"/> Employee | <input type="checkbox"/> Other Website _____ |
| <input type="checkbox"/> Job Hotline | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ |

The above-completed information is true to the best of my knowledge:

(DATE)

(SIGNATURE)